



# NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS, OR TO DEMOLISH

This form will be considered incomplete until all information is supplied below. If any changes are made after the notification is logged with the Agency, an amendment must be filed before work begins or continues. See other side for assistance in completing this form.

OFFICE USE: PROJECT # \_\_\_\_\_ Fee Rec'd \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_

I. OPERATION CATEGORY	ADVANCED	FEE
	NOTIFICATION PERIOD REQUIRED	
<input checked="" type="checkbox"/> All Demolition Projects	10 working days	\$25
<input type="checkbox"/> Residential Asbestos Project	10 working days	\$25
<input type="checkbox"/> Asbestos Project: 10 to 259 sf or 48 to 159 sf	10 working days	\$150
<input checked="" type="checkbox"/> Asbestos Project: 260 to 999 sf or 160 to 4,999 sf	10 working days	\$300
<input type="checkbox"/> Asbestos Project: 1,000 to 9,999 sf or 5,000 to 49,999 sf	10 working days	\$600
<input type="checkbox"/> Asbestos Project: more than 10,000 sf or more than 50,000 sf	10 working days	\$1800
<input type="checkbox"/> Amendments for Project # _____	Prior Notification	Res. \$30 / Others \$60
<input type="checkbox"/> Annual Notification	10 working days	\$1800
<input type="checkbox"/> All Emergencies	Prior Notification	Res. \$60 / Others 2x Fee
<input type="checkbox"/> All Alternate Methods	10 working days	2x Fee

## II. CONTRACTOR

Contractor's Name: CH2MHILL Plateau Remediation Co

Certification # \_\_\_\_\_

Address: P.O. Box 1600 Richland WA 99352  
Street City State Zip

Contact: Michael Greene Title: Point of Contact Phone: 509/373-9900

## III. JOB SITE

Property Owner: US DOE/RL Operations (POC Mary Jarvis) Phone: 509/376-2256

Address: 815 Jadwin Avenue Richland WA 99352  
Street City State Zip

Name of Job Site: Hanford Site - 200 East Area

Address: 200 East Area Richland WA 99352  
Street City State Zip

Building/Room Where

Job Will Occur: Building 275E

Site Contact: Michael Greene Title: Env. Compl. Officer Phone: 509/373/9900

IV. Asbestos "good faith survey" has been conducted? ☐ YES ☐ NO. By whom? R Silvey

Type(s) of asbestos present, if any (Friable, Category I, Category II): Category II

V. Start Date of Removal: 05/17/2010 Date of Completion: 08/15/2010

Approximate Amount of Asbestos to be Removed: \_\_\_\_\_ Linear Feet 4200 Square Feet

Method of Removal and Work Plan Specifications: (Attach description if more room is needed)

VI. Name of Disposal Site: ERDF, Hanford On-site disposal Phone: \_\_\_\_\_

Michael R. Silvey Your Signature 05/06/10 Date

Approval: BCAA [Signature] Date: 6 May 10

REMIT FEE & FORM TO: BCAA, 526 S. Clodfelter Road, Kennewick, WA 99336

# ADDENDUM TO BCAA "NOTIFICATION OF INTENT TO REMOVE ASBESTOS CONTAINING MATERIALS"

1. TYPE OF NOTIFICATION (O = Original / R = Revised): 0 (D - Demolition / R = Renovation): D

**FOR EMERGENCY RENOVATIONS FILL OUT THE REST OF THIS SECTION, OTHERWISE GO TO 2.**

Date and Hour of Emergency (MM/DD/YY): NA

Description of the Sudden, Unexpected Event:

Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:

## 2. FACILITY INFORMATION

Operator: United States Department of Energy

Street Address: 815 Jadwin Ave,

Richland, Washington 99352

Contact: Michael Greene

Tel: 373-9900

BUILDING SIZE

Sq. Meter: 546

Sq. Ft: 5871

No. of Floors: 1

Age in Years: 49

Present Use: Abandoned

Prior Use: Carpenter Shop

## 3. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Asbestos Good Faith Inspection

## 4. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Field work will be stopped, appropriate notifications made, field planning changes and approvals in place prior to proceeding with work.

## 5. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)

Start: 05/17/10

Completion: 08/17/10

## 6. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Standard work practices will be used for demolition. Misting and wetting will be employed to minimize the potential for fugitive emissions.

## 7. WASTE TRANSPORTER (Attach another sheet if there are two transporters)

Name: CH2MHILL Plateau Remediation Co.

Address: P.O. Box 1600

City: Richland

State: WA

Zip: 99352

Contact Person: Michael Greene

Telephone: 373-9900

## 8. LOCATION OF WASTE DISPOSAL SITE

Address: The ERDF

City: Hanford Site

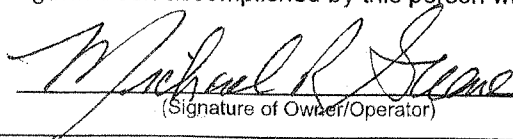
State: WA

Zip: 99352

## 9. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT BELOW.

	Nonfriable Asbestos Material Not to be Removed Before Demolition	
	RACM to be Removed	Cat I
Pipes - Linear Meters (Linear Feet)	See V. of BCAA Form	Cat II
Surface Area - Square Meters (Square Feet)	See V. of BCAA Form	391/4200
Volume RACM Off Facility Component - Cubic Meter		

10. I certify that an individual trained in the provisions of (40 CFR 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

  
(Signature of Owner/Operator)

05/06/2010  
(Date)